

2024 D-30 Unincorporated Business Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

Ta	храу	er Identification Number			Number of b	usiness location	ns				ID //	0000
	Т		Fill in if FEIN	L. DO		0.4.14. 00			OFFIC	CIAL USE ONLY V		0002
-			Fill in if SSN	In DC:		Outside DC:	4	+			if Amended Return	
F	Regist	ered Business Name	Tax period	ending ((MMDDYYYY)	_	_		Fill in	if Final Return	
										Fill in	if 52-53 week filer	,
F	Busine	ess Mailing Address line #1									if Combined Report*	
				П			Т	Т		*You must fill in the D	esignated Agent info if Worldwide**	below
	Pucin	ess Mailing Address line #2								**WorldWide form mu		return
	susine	ess Mailing Address line #2					т	Т				
	i 4. ,						Ctoto		7in Code + 4			
	ity			Т			State		Zip Code + 4			
L								_				
[)esigr	nated Agent Name							Designated Ag	gent FEIN		
				Ш								
										ter dollar amounts onl		
	1	Gross receipts, minus returns	and allowances				1		if amount is zero,	leave line blank; if min	us, enter amount	00
	2			lor one	rations							00
ш	3	Gross profit Line 1 minus Line 2			Fill in	if minus:	3					.00
M	4	Dividends. Minus Subpart F inco	ome (attach statement)			4					00
$\frac{3}{2}$	5 Interest (attach statement showing calculations)					5					00	
OSS INCOME	6 Gross rental income (attach statement)					6					00	
SS	7 Gross royalties (attach statement)						7					00
GP.	8(a	a) Net capital gain (loss) (attach	a copy of your federa	Schedu	ule D) Fill in	if minus:	8a					00
) Ordinary gain (loss) from Part					8b	\$				00
	9	Capital gains deferred on fede Qualified Opportunity Fund	ral return due to in	vestme	ent in a fed	deral	9					00
	10	Other income (loss) (attach a c	letailed statement)		Fill in i	f minus:	10					00
		Total gross income. Add Lines 3				f minus:	11	Φ.				00
				-11			12	ψ.				00
		Salaries and wages (Do not include	ude owner(s)/member	S))				ψ				
		Repairs					13	Φ				00
	14	Bad debts (attach a copy of any	statement filed with ye		ral return)		14					00
	15(a) Royalty payments made		\$.00						
	(b) Minus nondeductible payment	s to related entities	\$		00=	150	\$\$_				00
	16	Rent					16					00
S	17	Taxes from D-30, Schedule C					17					00
EDUCTIONS	18(a) Interest payments		\$		00						
C	(b) Minus nondeductible payment	s to related entities	\$		00=	180	c\$ [00
Ē	19	Contributions and/or gifts from	D-30, Schedule E	3			19					00
		Amortization (attach a copy of yo			(1)		20	\$				00
		Depreciation (attach a copy of you				V						
		additional IRC 179 expenses or IRC			e moidut dii	,	21					.00

Taxpayer Name:

Taxpayer Identification Number:



22 Capital gains deferred due to DC Opportunity Fund
23 Other allowable deductions from D
24 Total deductions. Add Lines 12-23. 22 Capital gains deferred due to DC approved investment in DC Qualified 00 22 23 Other allowable deductions from D-30, Schedule G. 00 23 00 24 00 25 25 Net income Line 11 minus Line 24. Fill in if minus: 26 (a) Non-business income/state adjustment (attach statement) Fill in if minus: 00 26a (b) Minus: Related expenses (attach an allocation statement) 00 26b (c) Subtract Line 26(b) from Line 26(a) Fill in if minus: 00 26c Net income from trade or business subject to Fill in if minus: 00 27 apportionment Line 25 minus Line 26(c) DC apportionment factor from D-30, Schedule F, Col 3, Line 2 28 If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Line 9 29 Net income from trade or business apportioned to DC 00 Fill in if minus: (29 Multiply Line 27 by the factor on Line 28 30 Other income/deductions attributable to DC 00 Fill in if minus: (30 (attach statement) 31 Total DC net income (loss) 00 Fill in if minus: 31 Add Lines 29 and 30. 32 Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4. 00 **3**2 33 Exemption Maximum is \$5000. Must enter days in DC. → 33a 00 **3**3 If fewer than 365 days in DC, see page instructions for amount to claim. Total taxable income before apportioned NOL deduction Fill in if minus: 00 34 Line 31 minus total of Lines 32 and 33 00 35 Apportioned NOL deduction (Losses occurring for year 2000 and later.)* 35 *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.) 36 00 36 Total DC taxable income. Line 34 minus Line 35 Fill in if minus: Tax: 8.25% of Line 36. 00 37 00 38 Nonrefundable credits from Schedule UB, Line 20 00 39 Total DC gross receipts from Line '4' from MTLGR worksheet 00 Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts 40 are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Payments: 00 41a (a) Tax paid, if any, with request for an extension of time to file 00 41b (b) Tax paid, if any, with original return if this is an amended return 00 41c (c) 2024 estimated franchise tax payments 41d 00 (d) Refundable credits from Schedule UB, Line 22 42 If this is an amended 2024 return, enter refund requested with original return. 42 00 43 Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42. 00 43 Estimated tax interest (Fill in oval if D-2220 attached) 00 44 Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. 45 00 Will this payment come from an account outside the U.S.? Yes No See instructions 00 46 Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid. 46 47 Amount you want to apply to your 2025 estimated franchise tax. 00 47 48 Amount to be refunded. Line 46 minus Line 47. 48 00

D 20 FORM DAGE 2								
D-30 FORM, PAGE 3								
Taxpayer Name:								
Taxpayer Identification Number:		2 4 0 3 0 0 1 3 0 0 0	2					
Round cents to the nearest dollar. If an amount is	s zero, make no ent	ry.						
Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)								
1. Inventory at beginning of year (if different from last ye			\$					
2. Purchases								
Minus cost of items withdrawn for personal use	\$	Enter result here						
 Cost of Labor. Material and supplies. 								
5. Other costs (attach statement) – (Additional federal depr	reciation and additional	IRC §179 expenses are not allowed.)						
6. Total of lines 1 through 5.			\$					
7. Inventory at end of year.			\$					
8. Cost of goods sold (Line 6 minus Line 7). Enter here		2.	\$					
Method of inventory valuation used								
Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 19.)								
	\$		\$					
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 19.)	\$					
	Schedule C - TAXES (See specific instructions for Line 17.)							
Type of Tax	Amount	Type of Tax	Amount					
	\$		\$					
-								
TOTAL			\$					
*								

Schedule E - INTEREST EXPENSE (See specific instructions for Line 18.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount		
	\$		\$		
TOTAL					

^{*}Schedule D has been deleted.

D-30 FORM, PAGE 4

Taxpayer Name: _



Taxpayer Identification Number

Taxpayer Iden	itification Number:		2 4	0 3 0 0 1	. 4 0 0 0	2
	F - DC apportionment factor (See instructions) Not dule F blank. Use Combined Reporting Schedule 2A, L		report do not use Sche	edule F to derive the	apportionment factor t	for the group.
Round cents	to the nearest dollar.		Carry all factors	to six decimal places	and truncate.	
		Column 1: 7	TOTAL	Column 2: in DC	DC A	pportionment
1 CALECEA	CTOR- All guara wassints of the universe was stated business.					Factor
	CTOR: All gross receipts of the unincorporated business gross receipts from items of non-business income.	\$	00 \$		00 (Caluman 2	
		Ψ	100 4		(Column 2	divided by Column 1)
	DRTIONMENT FACTOR: Column 2 divided by					
Column 1.	. Enter on D-30, Line 28.					
Calandula C	Other allowable deductions					
Schedule G	- Other allowable deductions					T
		Nature of Deduction				Amount
						\$
TOTAL (Also	enter on D-30, Line 23.)					\$
Cohodulo U	- Income not reported (claimed as nontaxable)					
(See instruc						
(CCC IIICII GC	CONST	Nature of Income				Amount
		- Tratare or meome				
						\$
TOTAL						\$
						<u> </u>
Schedule K	- Disregarded Entities (Name and TIN for any sing	gle member limited lia	bility company that is	s treated as a disre	garded entity for Dis	trict franchise tax
purposes, w	hose income is included in the income reported or	this return, and which	ch is doing business in	n the District). (S	See instructions.)	that handmad tax
	Disregarded Entity Name			T	IN	
Third pai	rty designee To authorize another person to discuss this	return with OTR, fill in	here and enter th	ne name and phone i	number of that person.	See instructions.
Designee	e's name			Phone number		
PLEASE	Under penalties of law, I declare that I have examined this return	n and, to the best of my kno	owledge, it is correct. Decla	ration of paid preparer is	based on the information	available to the preparer.
SIGN						
HERE	Official simple	T'II.			Telephone number of p	erson to contact
	Officer's signature	Title	Date		,	
PAID						
PREPARER	Preparer's signature (if other than taxpayer)	Date	Firm name		Firm address	
ONLY			If you war	nt to allow the preparer t	o discuss this return	
Email Addre	Preparer's PTIN SS		with the C	Office of Tax and Revenue	e fill in the oval.	

Taxpayer Name: ____

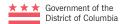
Taxpayer Identification Number:

Sc	hedule I - BALANCE SHEETS (See Instructions.) Beg	ginning of Taxable Year	End o	f Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
	1. Cash				
	2. Trade notes and accounts receivable				
	(a) MINUS: Allowance for bad debts				
	3. Inventories				
	4. Gov't obligations: (a) U.S. and its instrumentalities				
	(b) States, subdivisions thereof, etc				
	5. Other current assets (attach statement)				
	6. Mortgage and real estate loans				
ETS	7. Other investments (attach statement)				
SSE	8. Buildings and other fixed depreciable assets				
Ä	(a) MINUS: Accumulated depreciation				
	9. Depletable assets				
	(a) MINUS: Accumulated depletion				
	10. Land (net of any amortization)				
	11. Intangible assets (amortizable only)				
AL	(a) MINUS: Accumulated amortization				
PITAL	12. Other assets (attach statement)				
CA	13. TOTAL ASSETS				
	14. Accounts payable				
AND	15. Mortgages, notes, bonds payable in less than 1 year.				
ES	16. Other current liabilities (attach statement)				
BILITIES	17. Mortgages, notes, bonds payable in 1 year or more.				
	18. Other liabilities (attach statement)				
ΓI	19. Capital stock				
_	20. TOTAL LIABILITIES AND CAPITAL				

Schedule J - DISTRIBUTION	AND RECONC	ILIATION O	F NET IN	COME (OR LO	OSS)			
Col. 1		Col. 2 Percentage of Time	Col. 3 Percent- age of Ownership	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6 Net Loss DC Sources	Col. 7 Net Income (or Loss) from Outside DC	Col. 8 Total Income (or Loss) Not Taxable to
Name and Address of Owner(s)/ Member(s)	Taxpayer Identification Number	Devoted to this Business						the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$
Col. 4 - See Instructions. Col. 5 - See Instructions. Col. 6 - Any loss amount from Line 31 of D-30. Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.				Enter total taxable income as shown on Line 34 of D-30.			\$	
				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				\$

D-30 FORM, PAGE 6

Taxpayer Name:					
Taxpayer Identification Number:					
SUPPLEMENTAL INFORMATION					
During 2024, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service? Yes No If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue. See instructions for address.		SINESS	JSINESS ACTIVITY HAS TERMINATED, STATI JERSHIP (sole proprietor, p	DATE BUSINESS BEGAN TERMINATION DATE	
7. Place where federal income tax return for period covered by this	return was f	iled:			
8. Name(s) under which federal return for period covered by this re	turn was file	d:			
9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2024	Yes	No	If no, please state	reason:	
10. Is this return reported on the accrual basis?	Yes No	o If no	, fill in the method used:	Cash basis Other (spe	
11. Did you withhold DC income tax from the wages of your DC employees during 2024?	Yes No	o If no	o, state reason:		
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2023? If yes, enter name under which return was filed:	Yes No	o If no	o, state reason:		
13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)	Yes No				
14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.)	Yes No				
15. (a) Is this business unitary with a partnership or another corporation?	Yes N	o If y	res, explain:		
(b) Is this business unitary with a combined group?	Yes N	o If y	res, explain:		
16. Did you file an annual ballpark fee return?	Yes N	0			



Worldwide Combined Reporting Election Form



Taxpayer Identification Number of Designated Agent	Taxable Year YYYY	Worldwide
Name of Designated Agent		Telephone number
Business address line #1		
Business address line #2		
City	State Z	ip code +4
In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combin	ned basis.	
 A worldwide unitary combined reporting election is b thereafter for a period of ten years. 	inding for and applical	ole to the tax year it is made and all years
 It may be withdrawn or reinstituted after withdrawal, request for reasonable cause based on extraordinary policy and only with the written permission from the 	hardship due to unfore	eseen changes in DC tax statutes, law or
Upon the expiration of the ten-year period, a taxpaye election.	r may withdraw from t	the worldwide unitary combined reporting
Withdrawal must be made in writing within one year years, subject to the same conditions as applied to the same conditions.		e election and is binding for a period of ten
Date Beginning Tax Period: MMDDYYYY	Date Endii	ng Tax Period: MMDDYYYY
Authorized Signature		
Printed Name	Date	
Under penalties of law, I declare that the designated agent has authorized this form and the information contained herein is		





Combined Group Members' Schedule

Important: Print in CAPITAL letters using black ink.

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

				Worldwide	2
Taxpayer Identification Number of	Designated Agent	Taxable year ending N	MMDDYYYY N	umber of members in	the combined group
Name of Designated Agent			Т	elephone number	
Business mailing address line #1					
Business mailing address line #2					
City			State Zip Coo	de + 4	
^		<u> </u>		-	
A List the designated agent and all combined members	B Taxpayer Identification Number	C Was a separate DC franchise tax return filed in the prior year?	Is the member new to the combined group?	E Was gross income received from District sources?	F Does the member have nexus in DC?
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes

Note: If more than 14 combined members, continue list on a separate sheet of paper.





Revised 08/2024



2 3 0 0 2 1 0 OFFICIAL USE ONLY

Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30.

Vendor ID# 0002

	payer Identification Number Fill in if FEIN Fill in if filing a D-20 Return Fill in if SSN Fill in if filing a D-30 Return Fill in if SSN Fill in if filing a D-30 Return Fill in if FILL in if filing a D-30 Return Fill in if FILL in if filing a D-30 Return Fill in if FILL in if filing a D-30 Return Fill in if FILL in if filing a D-30 Return Fill in if FILL in if filing a D-30 Return Fill in if FILL in it if FIL		
D-2	20 Return		
	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax Economic Development Zone Incentives Credits (see worksheet).	1 \$	00
2 3 4	Qualified High Technology Company Credits from Part D, Line 4a, DC Form D-20CR. Organ and Bone Marrow Donor Credit (see computation on reverse side). Job Growth Incentive Act	2 \$ 3 \$ 4 \$ \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$	00 00 00
5	Enter alternative fuel credits. See instructions 5a Alternative fuel infrastructure. # of stations		
	5b Alternative fuel vehicle conversion.		
	# of vehicles Add Lines 5a and 5b only and enter here.	5 \$	00
6	DHCD Rental Accommodations Division Housing Provider Credit (see instructions)	6 \$	00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a PC Law Jacobs Housing Tax Credit (see instructions) # of employees	7 \$	00
8	Do Low-income Housing Tax Credit (see Instructions).	8 \$	00
9	Total the nonrefundable D-20 credits (Lines 1-8), enter here and on Form D-20, Line 38.	9 \$	00
	fundable Credits	10 ¢	00
10	RESERVED	10 \$	UU
11	Small Retailer Property Tax Relief Credit	11 \$	00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12 \$	00
D-3	80 Return		
No	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax		00
13	Economic Development Zone Incentives Credit (see worksheet).	13 \$	00
14	Organ and Bone Marrow Donor Credit (see computation on reverse side)	14 \$	00
15	Job Growth Incentive Act	15 \$	00
16	Enter alternative fuel credits. See instructions 16a Alternative fuel infrastructure. # of stations		
	16b Alternative fuel vehicle conversion. # of vehicles 00		
	Add Lines 16a and 16b only and enter here.	16 \$	00
17	DHCD Rental Accommodations Division Housing Provider Credit (see instructions)	17 \$	00
18	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a	18 \$	00
19	DC Low-Income Housing Tax Credit (see <i>instructions</i>). # of employees	19 \$	00
20	Total the nonrefundable D-30 credits (Lines 13-19), enter here and on Form D-30, Line 38.	20 \$	00
Re	fundable Credits	01.0	
21	Small Retailer Property Tax Relief Credit	21 \$	00
22	Total the refundable D-30 credits, enter here and on Form D-30, Line 41(d).	22 \$	00

Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also take a deduction for the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

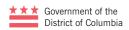
Organ and Bone Marrow Donor Credit — Computation —								
Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit					
Organ Donor(s)	Total Paid Leave Wages \$	Col 2 amt. × 25% \$	\$					
Bone Marrow Donor(s)	Total Paid Leave Wages \$	Col 2 amt. × 25% \$	\$					
		Total of Col. 4. Enter here and on Schedule UB.*	\$					

*Line 3 of Schedule UB for D-20 filers
Line 14 of Schedule UB for D-30 filers

Employer-Assisted Home Purchase Tax Cr — Computation —	redit
1. Number of Eligible Employees	
2. Amount of Homeownership Assistance provided during this period to Eligible Employeesx 50	% \$
3. Tax Credit	\$ ble
Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers.	

Employer-Assisted Home Purchase Tax Credit

An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.



2024 SCHEDULE SR Small Retailer Property Tax Relief Credit Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.

OFFICIAL U	USE ONLY Vendor ID#0002
Taxpayer Identification Number Fill in if FEIN Fill in if filing a D-20	0 Return
Fill in if SSN Fill in if filing a D-30	0 Return
Enter your business name	Sales and Use Tax Account Number
Mailing address (number, street and suite number if applicable)	
City State	Zip Code +4
Address of Class 2 DC Property (number, street and suite number if applicable) for which you are claiming the	e credit (if different from above)
City State	e Zip Code +4
Certificate of Occupancy Permit Number	
If member of a Combined Group, Taxpayer Identification Number of Designated Agen	nt l
 Do not claim this credit if your qualified business is exempt from or receives any tax credits towards its real property tax, or if the qualified rental retail location or the qualified owned retail location is otherwise exempt from real property tax. The credit equals the total Class 2 real property taxes paid by a qualified corporation or qualified unincorporated business for a qualified retail owned location during the taxable year not to exceed \$10,000; or 10% of the total rent paid by a qualified corporation or qualified unincorporated business for a qualified rental retail location not to exceed \$10,000 	
rent paid by a qualified corporation or qualified unincorporated business for a	xceed \$10,000; <i>or</i> 10% of the total a qualified rental retail location not to
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more.	a qualified rental retail location not to
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000.	a qualified rental retail location not to
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more. 2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location 3 Enter the Class 2 property taxes paid in 2024 on qualified owned retail location	a qualified rental retail location not to
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more. 2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location	1 \$.00
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more. 2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location.	1 \$.00 1. 2 .00 3 .00 4 .1 0 0 0 0 00
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more. 2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location. 4 Property Tax Credit Limit. 5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here,	1 \$.00 1. 2 .00 3 .00 4 .1 0 0 0 0 00
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more. 2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location. 4 Property Tax Credit Limit. 5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here, and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated. 6 Owner/Landlord's name	1 \$.00 1. 2 .00 3 .00 4 .1 0 0 0 0 00
rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more. 2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location. 4 Property Tax Credit Limit. 5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here, and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.	1 \$.00 1. 2 .00 3 .00 4 .1 0 0 0 0 00
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rent paid by a qualified corporation or qualified unincorporated business for a exceed \$10,000. 1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more. 2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location. 4 Property Tax Credit Limit. 5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here, and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated. 6 Owner/Landlord's name Owner/Landlord's address (number and street) Telephone number	1 \$
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